10119

6655

PORTLAND, OREGON, F 2/16/43 194

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING
PHONE ATWATER 8321

IN ACCOUNT WITH

89364

Dr. James C. Bryan

Medford, Oregon

CHECK NO.

AMOUNT $ 47.50

The enclosed check is in payment of the following:

Comma, Clo	Med	Medford Corporation	1/16	$2.50
Bryan, E. E.	GE	"	1/21,27	4.50
Dyer, E. E.	Med	E. L. Carter	1/21	2.50
Hobbs, Charles	"	City of Medford	1/9	2.50
Anderson, Vern	"	Medford Corporation	1/11,19,29	6.50
Bagard, A.	"	"	1/19	2.50
Simonsen, A. E.	"	"	1/25	2.50
Mitchell, J. L.	"	"	1/29	2.50
Peterson, Arthur	"	"	1/12	2.50
Finke, Lloyd A.	"	Pacific Portland Cement Co.	1/25	2.50
Tegerae, Mike	"	"	1/11	2.50
Baker, Floyd	"	Ester Fruit Company	1/26,29	4.50
"	"	"	1/12,25	4.50
Conner, J. B.	"	"	1/26	2.50
Norton, A. J.	"	Warren Northwest Company	1/12	2.50
				$47.50

Chiropractic - Clo Comma - E. E. Bryan - First office calls paid at $2.50 each per National's New Schedule, effective 10/1/42.

January P. S. 43

6656

Plaintiff's Exhibit 2208

10120

PORTLAND, OREGON, 1/13/43 194

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING

PHONE ATwater 5251

IN ACCOUNT WITH

Dr. Edwin R. Durno

Medford, Oregon

88511

CHECK NO.

AMOUNT $ 4.00

The enclosed check is in payment of the following:

Hall, Clyde	OK	Pacific Portland Cement Co.	1/1,2	$4.00

WB

6657

10121

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N. H. A. Case No.

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of E. E. Bryan

Address Medford, Oregon

Employer Medford Corporation

Nature and Extent of Case (Information must be complete and definite) Injury to right shoulder.

Is this condition the result of an injury during employment? NO

Have you reported this case to the State? _____ If not, why? _____

If injured away from work how did injury occur? While getting into automobile he stepped on ice and fell striking the point of his right shoulder on ground. This occurred Jan. 20th.

Was there any evidence of intoxication at time of injury? NO

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

89364

Approved for Payment | Audited | Checked

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1943	Mileage _____ Miles @ _____ per mile	
Jan. 21,	E. E. Bryan, Office exam. & treatment	3 00
Jan. 27,	E. E. Bryan, Office	2 00
P		
FEB 11 1943		

Patient presented National Hospital Association Certificate No. 1408 issued by Medford Corporation (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated Jan. 21, 1943

Signature James C. Hayes, M.D.

Address Medford, Oregon

6658

10122

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N. H. A. Case No. 8

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Ole Urman

Address Medford, Oregon

Employer Medford Corporation

Nature and Extent of Case (Information must be complete and definite) Multiple Arthritis

Is this condition the result of an injury during employment? NO

Have you reported this case to the State?____ If not, why?____

If injured away from work how did injury occur?____

Was there any evidence of intoxication at time of injury?____

If X-rayed, state findings____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

89.3:4

Approved for Payment | Audited | Checked

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1943	Mileage____ Miles @____ per mile	
Jan. 16,	Self, office examination & treatment	$2 00
		$2 00

RECEIVED JAN 21 1943

Patient presented National Hospital Association Certificate No. 1268 issued by Medco (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.)

Patient was referred by me to____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was ____, 19____, and that patient was able to resume work beginning on the____ day of____, 19____

Dated Jan. 16, 1943, 19____

Signature James C. Hayes, M. D.

Address Medford, Oregon

6659

10123

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR ESSLAVE BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N. H. A. Case No. _____

Form 39 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of E. E. Dyer

Address Medford, Oregon

Employer M. L. Carter

Nature and Extent of Case (Information must be complete and definite) Acute respiratory infection

Is this condition the result of an injury during employment? NO

Have you reported this case to the State? _____ If not, why? _____

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

8936

Approved for Payment | Audited | Checked

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1943	Mileage _____ Miles @ _____ per mile	
Jan. 31,	Self, office examination & treatment	$2 50
REC'D FEB 11 1943		
		$2 50

Patient presented National Hospital Association Certificate No. 15 issued by M. L. Carter (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated Jan. 31, 1943, 19____

Signature James C. Hayes, M. D.

Address Medford, Oregon

6660

10124

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N. H. A. Case No._____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Charles Hobbs

Address Medford, Oregon

Employer City of Medford

Nature and Extent of Case (Information must be complete and definite) Acute respiratory infection

Is this condition the result of an injury during employment? NO

Have you reported this case to the State? _____ If not, why? _____

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

89364

Approved for Payment | Audited | Checked

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1943	Mileage ____ Miles @ ____ per mile	
Jan. 9,	Self. Office examination & treatment	$2 50
FEB 11 1943		$2 50

Patient presented National Hospital Association Certificate No. 39 issued by City of Medford, (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated Jan. 9, 1943, 19____

Signature James C. Hayes, M.D.

Address Medford, Oregon

10125

6661

NATIONAL HOSPITAL ASSOCIATION

THE FLOOR MORAVE BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N. H. A. Case No. _____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Vern Andrson

Address Medford, Oregon

Employer Medford Corporation

Nature and Extent of Case (Information must be complete and definite) Acute respiratory infection, Chronic bronchitis, laryngitis

Is this condition the result of an injury during employment? NO

Have you reported this case to the State? _____ If not, why? _____

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

89364

Approved for Payment	Audited	Checked

Date of Treatment		NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1943		Mileage _____ Miles @ _____ per mile	
Jan.	11	Self, Office examination & treatment	$2 50
Jan.	19	Self, office exam.	2 00
Jan	30	Self -	2 —
REV			
FEB 11 1943			

Patient presented National Hospital Association Certificate No. 1150 issued by Medford Corporation (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.)

Patient was referred by me to _____ for further attention

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____.

Dated Jan. 11, 1943

Signature James C. Hayes, M.

Address Medford, Oregon

6662

10126

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N. H. A. Case No.

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of A. Bogard

Address Central Point, Oregon

Employer Medford Corporation

Nature and Extent of Case (Information must be complete and definite) Acute respiratory infection

Is this condition the result of an injury during employment? NO

Have you reported this case to the State? ____ If not, why? ____

If injured away from work how did injury occur? ____

Was there any evidence of intoxication at time of injury? ____

If X-rayed, state findings ____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

89364

Approved for Payment | Audited | Checked

Date of Treatment		NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges	
1943		Mileage ____ Miles @ ____ per mile		
Jan.	19,	Self, Office examination & treatment	$2	50

REC

FEB 1 1943

Patient presented National Hospital Association Certificate No. 1404 issued by Medford Corp. (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.)

Patient was referred by me to ____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was ____, 19__, and that patient was able to resume work beginning on the ____ day of ____, 19__

Dated Jan. 19, 1943, 19__

Signature James C. Eayes, M.D.

Address Medford, Oregon

6663

10127

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MEDFAVE BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N. H. A. Case No._____

Form 20 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of A. E. Edmondson

Address Medford, Oregon

Employer Medford Corporation

Nature and Extent of Case (Information must be complete and definite) Acute lumbago

Is this condition the result of an injury during employment? NO.

Have you reported this case to the State? _____ If not, why? _____

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

8504

Approved for Payment	Audited	Checked

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1943	Mileage _____ Miles @ _____ per mile	
Jan. 25	A. E. Edmondson, Office exam.	$2 50
FEB 11 1943		$2 50

Patient presented National Hospital Association Certificate No. 4434 issued by Medford Corporation (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated Jan. 25, 1943, 19____

Signature James C. Hayes, M. D.

Address Medford, Oregon

6664

10128

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N. H. A. Case No. _____

(Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Arthur Peterson

Address Medford, Oregon

Employer Medford Corporation

Nature and Extent of Case (Information must be complete and definite) Acute respiratory infection

Is this condition the result of an injury during employment? NO

Have you reported this case to the State? _____ If not, why? _____

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

89364

Approved for Payment | Audited | Checked

Date of Treatment		NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1943		Mileage _____ Miles @ _____ per mile	
Jan.	12	Office exam. & treatment	$2 50

RECEIVED FEB 11 1943

Patient presented National Hospital Association Certificate No. 2346 issued by Medford Corp. (State delinquent) thereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said charges were necessary and were rendered for the above stated condition, that the date of my first and final treatment was _____, 19__, and that patient was able to resume [illegible] beginning on the _____.

Date of _____, 19__

Jan. 12, 1943, 19__

Signature [illegible], M.D.

Address [illegible]

10129

6665

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MORAWE BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N. H. A. Case No. ✓

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of J. L. Mitchell

Address Centraloroint, Oregon

Employer Medford Corporation

Nature and Extent of Case (Information must be complete and definite) Acute Laryngitis, cough

Is this condition the result of an injury during employment? NO

Have you reported this case to the State? _____ If not, why? _____

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

89364

Approved for Payment | Audited | Checked

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1943	Mileage _____ Miles @ _____ per mile	
Jan. 29,	Self, office call	$2 50
RECD FEB 1 1943		
		$2 50

Patient presented National Hospital Association Certificate No. 1421 issued by Dr. [illegible] hereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.) (Name of Company)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____.

Dated Jan 29, 1943

Signature James E. Hooper, M. D.

Address Medford

6666

10130

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N. H. A. Case No. _____

Form 30. Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Lloyd August Finke

Address Medford, Oregon

Employer Pacific Portland Cement Company

Nature and Extent of Case (Information must be complete and definite) Acute respiratory infection

Is this condition the result of an injury during employment? NO

Have you reported this case to the State? _____ If not, why? _____

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

89364

Approved for Payment | Audited | Checked

Date of Service	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1943	Mileage _____ Miles @ _____ per mile	
Jan.	25, Self, Office exam.	$2 50
FEB 11 1943		
		$2 50

Patient presented National Hospital Association Certificate No. 1077 issued by Pac. Port Cement Co. (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated January 25, 1943, 19____

Signature James C. Hayes, M. D.

Address Medford, Oregon

6667

10131

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR NEBLETT BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N. H. A. Case No. _____

Form 20. Please give information requested by ...r as completely as possible and submit bill as soon as patient is discharged.

Case of Mike Topovac

Address Medford, Oregon

Employer Pacific Portland Cement Co.

Nature and Extent of Case (Information must be complete and definite) Acute lumbago

Is this condition the result of an injury during employment? NO

Have you reported this case to the State? _____ If not, why? _____

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

89304

Approved for Payment	Audited	Checked

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1943	Mileage _____ Miles @ _____ per mile	
Jan. 11	Self, Office examination & treatment	$2 50
		$ 2 50

RECEIVED
FEB 11 1943

Patient presented National Hospital Association Certificate No. 1087 issued by Pacific Portland Cement Co. hereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated Jan. 11, 19 43

Signature James Cl Hayes, M. D.

Address Medford, Oregon

6668

10132

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR IRONSIDE BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N. H. A. Case No._____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Floyd Baker

Address Acute influenza

Employer Reter Fruit Company

Nature and Extent of Case (Information must be complete and definite) Acute Influenza

Is this condition the result of an injury during employment? no

Have you reported this case to the State? ____ If not, why? ____

If injured away from work how did injury occur? ____

Was there any evidence of intoxication at time of injury? ____

If X-rayed, state findings ____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

89364

Recommend for Payment | Amount | Checked

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1943	Mileage ____ Miles @ ____ per mile	
Jan. 28,	self, office exam. & treatment	$2 50
Jan. 30		2
R		
FEB 11 1943		
		50

Patient presented National Hospital Association Certificate No. 5 issued by Reter Fruit Co. (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.)

Patient was referred by me to ____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was ____ 19____, and that patient was able to resume work beginning on the ____ day of ____ 19____

Dated Jan. 28, 1943 19____

Signature James C. Hayes, M. D.

Address Medford, Oregon

6669

10133

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N. H. A. Case No.

Form 30. Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Name of Floyd Baker

Address Medford, Oregon

Employer Reter Fruit Company

Nature and Extent of Case (Information must be complete and

Duodenal Ulcer

Was condition the result of an injury during employment? NO

Have you reported this case to the State? ____ If not, why? ____

If injured away from work how did injury occur? ____

Was there any evidence of intoxication at time of injury? ____

If X-rayed, state findings ____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

Received for Payment	Audited	Checked

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1943	Mileage ____ Miles @ ____ per mile	
Jan. 22,	Self, office examination & treatment	$2 50
Jan. 25,	Self, office	2 00
		$4 50

Patient presented National Hospital Association Certificate No. 3 issued by Reter Fruit Co.
hereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.)

Patient was referred ____ to ____ for further attention.

I hereby certify that the above-listed services as itemized herein to the patient whose name appears above, that all of said services were necessary and rendered for the above-stated condition, that the date of my last and final treatment was ____ day ____, that patient is able to resume work beginning ____

James C. [illegible], M. D.

Date Jan. 22, 1943

Address Medford, [illegible]

6670

10134

NATIONAL HOSPITAL ASSOCIATION

7TH FLOOR MORAWE BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N. H. A. Case No. _____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of A. J. Horton

Address Medford, Oregon

Employer Warren Northwest Company

Nature and Extent of Case (Information must be complete and definite) Duodenal Ulcer

Is this condition the result of an injury during employment? NO

Have you reported this case to the State? _____ If not, why? _____

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

89364

Approved for Payment | Audited | Checked

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1943	Mileage _____ Miles @ _____ per mile	
Jan. 12,	Self, office examination	$2 50
FEB 11 1943		

Patient presented National Hospital Association Certificate No. 57 issued by Warren Northwest Co. (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated Jan. 12, 1943, 19____ Signature James C. Hayes, M.D.

Address Medford, Oregon

6671

10135

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N. H. A. Case No._____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of J. D. Conner

Address Medford, Oregon

Employer Reter Fruit Company

Nature and Extent of Case (Information must be complete and definite) Acute head cold & bronchitis

Is this condition the result of an injury during employment? NO

Have you reported this case to the State? ____ If not, why? ____

If injured away from work how did injury occur? ____

Was there any evidence of intoxication at time of injury? ____

If X-rayed, state findings ____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

Approved for Payment	Audited	Checked

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1943	Mileage ____ Miles @ ____ per mile	
Jan. 22,	Self. Office examination & treatment	2 50
FEB 11 1943		
		2 50

Patient presented National Hospital Association Certificate No. 4 issued by Reter Fruit Co. (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.)

Patient was referred by me to ____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was ____, 19____, and that patient was able to resume work beginning on the ____ day of ____, 19____

Dated Jan. 23, 1943, 19____

Signature James C. Hayes, M.D.

Address Medford, Oregon

6672

10136

JAMES C. HAYES
PHYSICIAN AND SURGEON
MEDFORD BUILDING
MEDFORD, OREGON

February 1, 1943

National Hospital Association
Mohawk Building
Portland, Oregon

8936:4

1150	Anderson, Vern	Jan. 11th to Jan. 30th,	$6.50
5	Baker, Floyd	Jan. 28th to Jan. 30th	4.50
3	Baker, Floyd	Jan. 22nd to Jan. 25th	4.50
1404	Bogard, A.	Jan. 19th	2.50
1408	Bryan, E. E.	Jan. 21st to Jan. 27th	5.00
4	Conner, J. D.	Jan. 23rd.	2.50
15	Dyer, E. E.	Jan. 31	2.50
1414	Edmondson, A. E.	Jan. 25th	2.50
39	Hobbs, Charles	Jan. 9th	2.50
88	Isaacs, Frank	Dec. 1st to Jan. 25th,	6.50
57	Horton, A. J.	January 12th,	2.50
1097	Pink, Lloyd	January 25th	2.50
3699	Lawton, Richard R.	January 29th	2.50
1406	McGonagle, J. F.	Jan. 16th to Jan. 30th,	12.50
1406	McGonagle, J. F.	Jan. 19th to Jan. 23rd,	6.50
13	Millsaps, Grover	Jan. 11th to Jan. 18th	112.50
1421	Mitchell, J. P.	Jan. 29th	2.50
1264	Urman, Ole	Jan. 16th,	2.00
1346	Peterson, Arthur	Jan. 12th	2.50
185	Prock, Curtis	Dec. 30th	2.50
1087	Tepovac, Mike	Jan. 11th,	2.50
1	Warriner Robt.	Jan. 16th to Jan. 19th,	8.50
			$199.00

RECEIVED
FEB 11 1943

Plaintiff's Exhibit 2209

10137 FORM 46 20M 7-40 Ivy 66356

Portland, Oregon, H 9-14-40 1940

NATIONAL HOSPITAL ASSOCIATION
TOP FLOOR MOHAWK BUILDING
PHONE ATWATER 5291
IN ACCOUNT WITH

Dr. L. D. Inskeep
Medford, Oregon

Check No. .....
Amount $150.00

The enclosed check is in payment of the following:

Coffman, Robert DE Medford Corporation
12/17/39 to 8/22/40 ..... $150.00*

	P & S De
Dec	25.50
Jan	25.50
Feb	25.50
Mar	25.50
Apr	25.50
May	10.50
June	4.50
July	4.50
Aug	3.00
	150.00

*LETTER

10138

L. DOW INSKEEP, M. D.
PHYSICIAN AND SURGEON
SECOND FLOOR, MEDFORD BUILDING
MEDFORD, OREGON

Robert Coffman
Butte Falls, Oregon

Medford Corporation
Injured during employment
Reported to State Industrial Accident Comm.

Cert # 1927

December 17, 1939 to April 6, 1940 (111 days—State rate)	Hospital Care	$168.00
April 12, 22, 29,	Office Calls	4.50
May 1, 3, 6, 13, 20, 24, 31,	"	10.50
June 7, 20, 29,	"	4.50
July 11, 16, 27,	"	4.50
August 5, 22,	"	3.00
		$195.00

10139 September 13, 1940.

Mr. Ralph Furrer:

We received your letter inclosing statement from Dr. Inskeep for care of Robert Coffman an employe of the Medford Corporation who suffered injuries while in the course of his employment. We note you advise Dr. Inskeep suggests a fee of $150.00 and since this is satisfactory to us, we inclose our check in the doctor's favor.

W. J. Page.

WJP Mc
Enc.

Plaintiff's Exhibit 2210

10140

PORTLAND, OREGON, II 2-17-39 193

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING
PHONE ATWATER 5891

IN ACCOUNT WITH

Dr. L. D. Inskeep

Medford, Oregon

CHECK NO. 30965

AMOUNT $ 88.50

J. V. C. R.
2 139

The enclosed check is in payment of the following:

Conrad, Bruce	Med	City of Medford	1/16	2.00
Conrad, J. T.	"	"	1/17	2.00
Beggs, Art	"	Co Court of Jackson	1/20	2.00
Moore, J. A.	"	Medford Corporation	1/23	2.00
Hutin, W. H.	"	"	1/19	2.00
Golfus, Sam	"	"	1/16,19,28	5.00
Lawrence, Roger	DE	"	1/14,21,28	6.00
Moore, Kenneth	Med	"	1/2	50.00
Hutchings, W. J.	DE	"	12/28 to 1/9	10.50
Rentolle, H. B.	Med	Rogue River Canning	1/28	2.00
Stevens, Freddie M.	"	Special Protection	1/12,15,2/1	5.00
				$88.50

Or & Med

2/16/39 SK

Jan. 70.50
Feb 1.50
Dec. 7.50
Jan. 9.00
88.50

Letter

Plo Be Plo Be
Jan 70.50 9.00 79.50
Dec. — 7.50 7.50
Feb 1.50 — 1.50
72.00 16.50 88.50

6676

10141

February 14, 1939

30965

Mr. Ralph Furrer
512 Dakota Street
Medford, Oregon

Dear Mr. Furrer:

In your letter of February 3 you presented us with statements covering services rendered various members of the Association by Dr. Inskeep. These accounts have been approved, and we enclose our check issued to Dr. Inskeep to cover payment of them.

You will note that in the charges the Doctor made for care of Freddie Stevens and Tom Golfas we have corrected the accounts to allow $1.50 each for subsequent office calls instead of the charge of $1.00 each as presented by the Doctor. You may advise Dr. Inskeep to bill us at this rate for future services he renders.

Very truly yours,

NATIONAL HOSPITAL ASSOCIATION

W. J. Page, Manager
Department of Claims

WJP/mk
Enc. 2

6677

10142

OFFICE TELEPHONE 65
HOME TELEPHONE 1287

SUITE 213
MEDFORD CENTER BLDG.

L. D. INSKEEP, M. D.

PHYSICIAN AND SURGEON

MEDFORD, OREGON. Feb. 1, 1939 19

Ernest Conrad 30965

603 West 2nd,

Medford, Oreg.

Employer - Medford Water Commission Cert. No. 103
Not an injury
Not reported to State

Med H

OLD BALANCE $

FOR PROFESSIONAL SERVICES Acute abdominal pain.

" " " Exact character not diagnosed.

" " "

" " " Jan. 19, Office Call $2.00

" " 1-20

" " "

" " " Dr Inskeep called $

RECEIVED
FEB 15 1939
COST DEPT.

CREDIT $

BALANCE DUE $ 2.00

6678

10143

OFFICE TELEPHONE 63
HOME TELEPHONE 2287

SUITE 213
MEDFORD CENTER BLDG.

L. D. INSKEEP, M. D.
PHYSICIAN & SURGEON

MEDFORD, OREGON. Feb. 1, 1939 193

J. T. Conrad 30965

632 Palm,

Medford, Oreg.

Employer - Medford Water Comm. Cert. No. 101
Not an injury case

OLD BALANCE $

FOR PROFESSIONAL SERVICES	Acute cold.	$
- - -		$
- - -		$
- - -	Jan. 17, Office Call	$ 2.00
- - -		$
- - -		$
-	~~L. D. Inskeep~~	$

RECEIVED
FEB 15 1939
COST DEPT.

CREDIT $

BALANCE DUE $ 2.00

6679

10144

OFFICE TELEPHONE 63
HOME TELEPHONE 1287

SUITE 213
HELDFORD GENTLE BLDG.

L. D. INSKEEP, M. D.

PHYSICIAN AND SURGEON

MEDFORD, OREGON, Feb. 1, 1939 19

Art Boggis

404 W. 2nd., 30965

Medford, Oreg.

Employer - Jackson County Cert. No. 88
Not injured during employ.
Not reported to State

Dropt out

OLD BALANCE $

FOR PROFESSIONAL SERVICES	Bruise of heel of palm of left hand.	$
" " "		$
" " "		$
" " "	January 30, Office Call	$ 2.00
" " "	1-0	$
" " "		$
" " "	L. D. Inskeep M.D.	$

CREDIT $

BALANCE DUE $ 2.00

6680

10145

OFFICE TELEPHONE 65
HOME TELEPHONE 1327

SUITE 213
MEDFORD CENTER BLDG.

L. D. INSKEEP, M. D.
PHYSICIAN & SURGEON

MEDFORD, OREGON, Feb. 1, 1939 193

J. A. Moore

Route 4, 30965

Medford

Employer - Medford Corporation Cert. No. 1063
Not an injury

Med

OLD BALANCE $

FOR PROFESSIONAL SERVICES Acute cold. $

" " " $

" " " Jan. 23, Office Call $ 2.00

" " "

" 10 "

" " "

" " "

CREDIT $

BALANCE DUE $ 2.00

6681

OFFICE TELEPHONE 63
HOME TELEPHONE 1287

SUITE 213
MEDFORD CENTER BLDG.

L. D. INSKEEP, M. D.
PHYSICIAN & SURGEON

MEDFORD, OREGON, Feb. 1, 1939 193

W. M. Martin

Rt. 3, Bx. 127,

Medford, Oreg. 30965

Employer - Medford Corporation Cert. No. 1058
Not an injury

Med.
1+

OLD BALANCE $

FOR PROFESSIONAL SERVICES Acute cold.

Jan. 19, Office Call 2.00

10

L. D. Inskeep M.D.

CREDIT $

BALANCE DUE $ 2.00

6682

10146

OFFICE TELEPHONE 65
HOME TELEPHONE 1267

SUITE 213
MEDFORD CENTER BLDG.

L. D. INSKEEP, M. D.
PHYSICIAN & SURGEON

MEDFORD, OREGON. Feb. 1, 1939 193

Sam Golfas

Rt. 2, Bx. 21½, 30965

Medford, Ore.

Employer - Medford Corporation Cert. No. 1
Not an injury case
during employment.

Med

OLD BALANCE $

FOR PROFESSIONAL SERVICES Infection of left arm $

" " " $

" " " Jan. 16, 19, 28, Office Calls $ 4.00

" 3-or @ 150 +50 $ 5.00

" " " $

" " " $

" " " $

RECEIVED
FEB 15 1939
COST DEPT.

CREDIT $

BALANCE DUE $ 4.00

10147

6683

OFFICE TELEPHONE 63
HOME TELEPHONE 1287

SUITE 213
MEDFORD CENTER BLDG.

L. D. INSKEEP, M. D.
PHYSICIAN & SURGEON

MEDFORD, OREGON, Feb. 1, 1939 193

Roger Lawrence

Bx. 368, 30965

Central Point, Ore.

Employer - Medford Corporation Cert. No. 1031
Injured during employ.
Reported to State

OLD BALANCE $

FOR PROFESSIONAL SERVICES Painful scar in palm of left hand.
" " " Result of industrial accident
" " " Aug 1938. Referred to Sterling Bunnell
" " " Jan. 14, 21, 28, Office Calls $ 6.00
" " "
" " "
" " "

CREDIT $

BALANCE DUE $ 6.00

6684

10148

OFFICE TELEPHONE 65
HOME TELEPHONE 1287

SUITE 213
MEDFORD CENTER BLDG.

L. D. INSKEEP, M. D.

PHYSICIAN AND SURGEON

MEDFORD, OREGON, Feb. 1, 1939 19

Kenneth Moore

Butte Falls, 30965

Oregon

Employer - Medford Corporation
Not result of injury
Not reported to State

OLD BALANCE $

FOR PROFESSIONAL SERVICES	Operation for bilateral Hydrocoele.	
- - -		
- - -		
- - -	Jan. 2, Operation	$ 50.00
- - -		
- - -		
- - -		

CREDIT $

BALANCE DUE $ 50.00

RECEIVED
FEB 15 1939
COST DEPT.

6685

10149

OFFICE TELEPHONE 65
HOME TELEPHONE 2287

SUITE 213
MEDFORD CENTER BLDG.

L. D. INSKEEP, M. D.
PHYSICIAN & SURGEON

MEDFORD, OREGON, Feb. 1, 1939 19

W. J. Rutledge

215 Haven,

Medford, Oreg. 30965

Employer - Medford Corporation Cert. No. 1022
Injured during employ.
Reported to State

OLD BALANCE $

FOR PROFESSIONAL SERVICES Burned foot.

" " "		
" " "	Dec. 28, Office	3.00
" " "	" 29, 30, 31, Hosp. Care	4.50
" " "	Jan. 3, 9, Office	3.00

CREDIT $

BALANCE DUE $ 10.50

RECEIVED
FEB 15 1939
COST DEPT.

6686

10150

OFFICE TELEPHONE 63
HOME TELEPHONE 1207

SUITE 213
MEDFORD CENTER BLDG.

L. D. INSKEEP, M. D.
PHYSICIAN & SURGEON

MEDFORD, OREGON. Feb. 1, 1939 193

M. B. Boutelle

21 Florence. 30965

Medford, Oreg.

Employer - Rogue River Canning Co. Cert. No. 861
Not an injury

Med
H

OLD BALANCE $

FOR PROFESSIONAL SERVICES	Neuritis - R right	$	
" " "	elbow.	$	
" " "		$	
" 1-0r "	Jan. 28, Office Call	$	2.00
" " "		$	
" " "		$	
" " "	~~L W Inskeep plus~~	$	

CREDIT $

BALANCE DUE $ 2.00

6687

OFFICE TELEPHONE 43
HOME TELEPHONE 1287

SUITE 213
MEDFORD CENTER BLDG.

L. D. INSKEEP, M. D.
PHYSICIAN & SURGEON

MEDFORD, OREGON, Feb. 1, 1939 193

Freddie M. Stevens

1203 Niantic, 30965

Medford, Oregon

Employer - Special Protection — Cert. No. 227
Not injured during employ.

Med
H

OLD BALANCE $

FOR PROFESSIONAL SERVICES Osteo-arthritis of Spine $

- - - $

- - - Jan. 12, 13, Office $ 3.00

- - - Feb. 1, Office $ ~~1.00~~

3-0V
5.00

@ 1.00

$ 3.00

RECEIVED Overpaid

CREDIT $

FEB 15 1939

COST DEPT.

BALANCE DUE $ ~~4.00~~

6688

Plaintiff's Exhibit 2211

10151

PORTLAND, OREGON, 2-14-38 193

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING
Phone ATWATER 5251

IN ACCOUNT WITH

Dr. Barnard Barkdull

Marshfield, Oregon

CHECK NO. 30928

AMOUNT $ 2.00

The enclosed check is in payment of the following:

Wilson, F. K.	Med Smith Wood Products	11/9	$2.00

2/15/38

P&A

J-VCHR.
2 19

LETTER

10152

February 14, 1939

Bernard Barkwill, M. D.
Marshfield, Oregon

Dear Doctor: Re: E. M. Wilson, employe of Smith Wood-Products, Inc.

We received your statement for services rendered E. M. Wilson, an employe of the Smith Wood-Products Company, treated by you in November 1938. We note this man was treated November 9 for conjunctivitis and on November 16 a mass was removed from the eye. Upon investigating this man's eligibility to service we find he was employed from September 9, 1938 up to the time he received the service, and Mr. Wilson gives a history of having had the scar on his eye for a period of several years.

Under the Association's contracts we do not pay for treatment of pre-existing conditions nor for chronic conditions unless an employe has been steadily employed for a period of six months prior to the time the necessity for treatment develops. As this seems clearly to be a pre-existing condition we have eliminated the charge for this service from your bill and trust you will have no difficulty in collecting from your patient.

This is one of the cases that plainly demonstrates the necessity for these cases being reported to the Association and authority obtained for treatment at the Association's expense prior to the time the service is rendered. By so doing, misunderstandings of this kind can be avoided.

Very truly yours,

NATIONAL HOSPITAL ASSOCIATION

W. J. Page, Manager
Department of Claims

WJP/mk
Enc. 2

6690

10153

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N.H.A. Case No. 1

Form 53 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of E. W. Wilson

Address 850 S. Myrtle Grants Pass

Employer Smith Wood Products

Nature and Extent of Case (Information must be complete and definite) Pinguecula, right eye.

Is this condition the result of an injury during employment?

Have you reported this case to the State? If not, why?

If injured away from work how did injury occur?

Was there any evidence of intoxication at time of injury?

If X-rayed, state findings

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

30928

Approved for Payment | Audited | Checked

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
	Mileage Miles @ per mile	
November 9, 1938	Conjunctivitis C.D. Mass on pinguecula O.D. to be kept under observation,	3
" 16	Mass on pinguecula active, removed under local anesthesia, sutured. Section sent to Paskett Laboratories.	5
" 23	Operative wound healed, sutures out.	

RECEIVED
JUN 28 1939
COST DEPT.

Patient presented National Hospital Association Certificate No. one issued by Smith Wood Prod. hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.) Name of Company

Patient was referred by me to Paskett laboratories, section sent for further attent

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said ices were necessary and were rendered for the above stated condition, that the date of my last and final treatment , 193 , and that patient was able to resume work beginning on the

day of , 193

Signature Bernard Bornmeg

Dated , 193

Address

6691

Plaintiff's Exhibit 2212

10154

PORTLAND, OREGON, [illegible] 194

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING

PHONE ATWATER 6281

IN ACCOUNT WITH

Dr. L. B. Inskeep

Medford, Oregon

CHECK NO. 733[illegible]

AMOUNT $ 73.00

The enclosed check is in payment of the following:

Bradley, Vernon	Med	City of Medford	0	6/4,25	$5.00
Conrad, J. T.	"	"	X	6/22	1.00
Heben, George	"	"	0	6/1 to 22	6.00
Stevens, Fred	"	"	0	6/19	1.00
Mayer, H. C.	"	Jackson County	X	6/2,8	2.00
Smith, A. M.	"	"	X	6/8	1.00
Stadman, Irene	OE	"	X	6/4,8,18	4.00
Watson, Beth	Med	"	X	6/6,8	3.00
Hamilton, Alvin	OE	Hamaker & Hild.	0	7/29	2.00
Buck, Wm.	"	Penn's Dept. Store	X	6/22	2.00
Albern, Ed. C.	Med	Medford Corp.	0	6/12 to 28	6.00
Doe, Jim	"	"	0	6/20 to 25	6.00
Rees, Clayton	OE	"	0	6/4	2.00
Hodgson, Tom	Med	"	0	[illegible]	1.00
Holm, Albert	DE	"	0	[illegible]	1.00
Owen, Arthur	Med	"	0	6/18,25,30	6.00
Peters, J. J.	OE	Rogue River Orchards	0	6/15	2.00
Hubler, Harold	Med	Roxy Ann Invest.	10	6/1 to 14	6.00
Miller, Charlotte	"	S.O.S.	0	6/21	2.00
Rhodes, John	"	"	0	6/25 to 29	6.00
					$73.00

J-V [illegible]

Med 2.00 = 2.00

OE 69.50 / 71.50 1.50 / 1.50 = 71.00 / 73.00

6692

10155

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N.H.A. Case No. _____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Vernon Brisley ✓

Address Medford, Ore.

Employer City Water Dept. ✓

Nature and Extent of Case (Information must be complete and definite) Pain in rt kidney.

Is this condition the result of an injury during employment? No

Have you reported this case to the State? No If not, why? Not an injury

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

73358

EMPLOYER Med Water Com

INJURY DATE 3-21-33

LAST PAYMENT 8-19

Approved for Payment	Audited	Checked

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
	Mileage _____ Miles @ _____ per mile	
Aug 4	Office	2 —
" 23		1 50
		3 50

RECEIVED
SEP 22 1941
COST DEPT.

Patient presented National Hospital Association Certificate No. _____ issued by _____ (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated Sept 13, 1941

Signature H. D. Mickelsen, M.D.

Address Medford, Ore.

6693

10156

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N.H.A. Case No. _____

Form 30. Please give information requested below as completely as possible and submit bill as soon as patient is discharged

Case of J. L. Conrad

Address Hotel Medford

Employer City Water Commission City of Medford

Nature and Extent of Case (Information must be complete and definite) Heart examination

Is this condition the result of an injury during employment? no

Have you reported this case to the State? no If not, why? Not an injury

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

7358

Med

9-3-40

Approved for Payment	Audited	Checked
✓		

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
	Mileage _____ Miles @ 8 per mile	
Aug 12	Office	2
	RECEIVED SEP 13 1940 COST DEPT.	

Patient presented National Hospital Association Certificate No. 33 issued by City Water Dept. (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Signature H. D. Mackenzie D. _____, M.D.

Dated Sept. 13, 1940

Address Medford, Ore.

6694

10157

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N.H.A. Case No. 3

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of George Nelson

Address Medford, Oregon

Employer City of Medford

Nature and Extent of Case (Information must be complete and definite) Injuring of radiohumeral

Is this condition the result of an injury during employment? Yes

Have you reported this case to the State? No If not, why? Not result of injury during employ

If injured away from work how did injury occur?

Was there any evidence of intoxication at time of injury?

If X-rayed, state findings

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

73358

EMPLOYER Medford - City

MEMB. DATE 5-1-37

LAST PAYMENT 8-7

Approved for Payment (V)

Audited 5 9

Checked

Date of Treatment		NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges	
		Mileage Miles @ per mile		
Aug.	1	Office	1.	50
"	8	"	1	50
"	15	"	1	50
"	22	"	1	50
			$ 6.	00

RECEIVED
SEP 20 1941
COST DEPT.

Patient presented National Hospital Association Certificate No. issued by (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was , 19, and that patient was able to resume work beginning on the day of , 19

Dated Sept. 13, 1941

Signature [illegible] M.D.

Address Medford Ore

6695

10158

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N.H.A. Case No. _____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Fred Stevens ✓

Address Medford, Ore. ✓

Employer City of Medford Fire Dept

Nature and Extent of Case (Information must be complete and definite) Hypertension.

Is this condition the result of an injury during employment? No

Have you reported this case to the State? No If not, why? Not an injury

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

EMPLOYER City of Medford

MEMB. DATE 10-1-36

LAST PAYMENT 2-7

Approved for Payment	Audited	Allowed
✓	✓	✓

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
✓	Mileage _____ Miles @ _____ per mile	
Aug 19	Office	2
	RECEIVED	

Patient presented National Hospital Association Certificate No. ✓ issued by _____ (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____, 19____

Sept 13, 1941

Signature W. D. Forkner M.D., M.D.

Address Medford, Ore.

6696

10159

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N.H.A. Case No. _____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of W. C. Brayer ✓

Address Central Pt

Employer Jackson County ✓

Nature and Extent of Case (Information must be complete and definite) Probable gastric ulcer.

Is this condition the result of an injury during employment? No

Have you reported this case to the State? No If not, why? Not an injury

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

7335

Mod

3-1939

Approved for Payment	Audited	Checked
1	13	0

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
	Mileage _____ Miles @ _____ per mile	
Aug 2	Office	2 —
" 9	"	1 50
		3 50

RECEIVED
SEP 1941
COST DEPT.

Patient presented National Hospital Association Certificate No. 22 issued by Jackson Co (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated Sept 13, 1941

Signature H W Mokeefer M.D.

Address Medford, Ore

10160

6697

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N.H.A. Case No. _____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of G. H. Smith

Address Medford, Ore.

Employer Jackson County

Nature and Extent of Case (Information must be complete and definite) Boil - rt axilla.

Is this condition the result of an injury during employment? no

Have you reported this case to the State? no If not, why? not injured

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

Med

3-37

Approved for Payment	Audited	Checked
N		

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
	Mileage _____ Miles @ _____ per mile	
Aug 8	Office	2

RECEIVED
SEP 29 1941
COST DEPT.

Patient presented National Hospital Association Certificate No. 25 issued by Jackson Co. (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated Sept. 13, 19 41

Signature [illegible], M.D.

Address Medford, Ore.